

**ACCREDITED REINSURERS  
FILING REQUIREMENTS**

**STATE OF HAWAII  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
INSURANCE DIVISION**

COMPANY NAME: \_\_\_\_\_ NAIC Company Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

REQUIRED FILINGS IN THE STATE OF: HAWAII Annual Filings as of December 31, \_\_\_\_\_

(1) Check- list	(2) Line #	(3)  REQUIRED FILINGS FOR THE ABOVE STATE	(4)  NUMBER OF COPIES	(5)  DUE DATE(S)
	1	Annual Statement (8 ½" x 14")	1	3/1
	2	CPA Audited Financial Statements	1	6/1
	3	Certificate of Compliance from State of Domicile	1	3/1
	4	AR-1 Form	1	Upon application and when changes are made

Mailing Address:

State of Hawaii, DCCA  
Insurance Division  
ATTN: DANNY CHAN  
P. O. Box 3614  
Honolulu, HI 96811-3614

Street Address:

State of Hawaii, DCCA  
Insurance Division  
ATTN: DANNY CHAN  
335 Merchant Street, Room 213  
Honolulu, HI 96813

If you have any questions, please contact Danny Chan at (808) 586-7382 or via E-Mail at [insexam@dcca.hawaii.gov](mailto:insexam@dcca.hawaii.gov)